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REISSUE APPLICATION DECLARATION BY THE INVENTOR	Docket Number (Optional) 13771-118				
As a below named inventor, I hereby declare that:					
My residence, post office address and citizenship are stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first					
and joint inventor (if plural names are listed below) of the subject matter which is described and claimed					
in patent number 6,170,514, granted January 9, 2001, and for which a					
reissue patent is sought on the invention entitled CITY WATER FLUSHING AND SLUDGE PREVENTION CONTROL					
APPARATUS,					
the specification of which					
is attached hereto.   is attached hereto.					
was filed on as reissue application number / and was amended on (If applicable)					
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.					
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)					
by reason of a defective specification or drawing.					
by reason of the patentee claiming more or less than he had the right to claim in the patent.					
by reason of other errors.					
Al loast one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening.  Applicant inadvertently failed to claim the invention more broadly as not requiring a "control mechanism".					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patients, Washington, DC 20231

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) 13771-118					
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.							
Name(s) Registration Number							
Gerald E. Helget	30,948	3					
Nelson R. Capes	Nelson R. Capes 37,106						
Correspondence Addre	Correspondence Address: Direct all communications about the application to:						
Customer Number	☐ Customer Number						
OR	Type Customer Number her	re	- Bai Cou	s Laber Here			
Firm or Individual Name							
Address							
Address							
City		State	ZIP				
Country							
Telephone		Fax					
I he ety declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and striver that these statements were made with the knowledge that willful false statements and the like so made are punsable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent susting thereon, or any operate to which this designation is directly and that such willful false statements may jeopardize the validity of the application, any patent susting thereon.							
Full name of sole or firs Karim Esmailzadeh	t inventor (given name, family name)						
Inventor's signature		_					
Residence 3905 Viola Road N.E.,	idence 5 Viola Road N.E., Rochester, MN 55906						
Mailing Address 3905 Viola Road N E , Roo	chester, MN 55906	Citizenship United States of America					
Full name of second joint inventor (given name, family name)							
Inventor's signature		Date					
Residence	desidence Citizenship						
Mailing Address							
Full name of third joint inventor (given name, family name)							
Inventor's signature		Date					
Residence		Citizenship					
Mailing Address							
Additional joint inventors are named on separately numbered sheets attached hereto.							

Karim Esmailzadeh

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 13771-118		
This is part of the application for a reissue patent based on the original patent identified below.				
Name of Patentee(s) Karim Esmailzadeh				
Patent Number 6,170,514	Date Patent Issued January 9, 2001			
Title of Invention CITY WATER FLUSHING AND SLUDGE PREVENTION CONTROL APPARATUS				
Defined herein is a certificate under 37 CFR 3.73(b). (Form PTO/SB/98)     Cownership of the patent is in the inventor(s), and no assignment of the patent has been made.  One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".  The written consent of all assignees and inventors owing an undivided interest in the original patent is included in this application for release.				
The assignee owning an undivided interest in said original patent is/are <u>Karim Esmallzadeh</u> and the assignee(s) consents to the accompanying application for reissue.				
Name of assignee/inventor (if not assigned)				
Signature	Date 8/	28/0)		
Typed or printed name and title of person signing for assignee (if assigned)				

Burden Nor-Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the Individual case. Any commente on the amount of firm you are required to complete this form should be send to the Oblit Information Officers. Part of the Complete Comple